

EMPLOYER TESTING PROGRAM REQUEST FOR REINSTATEMENT-EXAMINER

TRAINING FEE \$150.00

FOR DMV USE ONLY		
APPLICATION APPROVED	EFFECTIVE DATE	
APPROVED BY	DATE	

	listed below (requested class of	California Commercial Driver License (CDL) testing authority), and do not have any actation for negligent operator).
☐ Class A non-passenger vehicle		
☐ Class A tractor trailer bus		
☐ Class B non-passenger vehicle		
☐ Class B bus or van which is:		
designed to carry 11-15 pass	sengers, including the driver (Res	striction 74 or 75)
designed to carry 16 or more less (Restriction 76)	e passengers, including the drive	r, with a GVWR of 26,000 lbs. or
designed to carry 16 or more more	e passengers, including the drive	r, with a GVWR of 26,001 lbs. or
I also understand that I must con	nplete a DMV sponsored examin	er training class to be reinstated.
I request to attend the DMV sponsor	ed examiner training class show	n below.
LOC	ATION	DATE
LOCATION (FIRST CHOICE)		DATE
LOCATION (SECOND CHOICE)		DATE
I have enclosed the required train	ning fee of \$150.00.	
EXAMINER'S NAME		HOME PHONE NUMBER
DRIVER LICENSE NUMBER		WORK PHONE NUMBER
EXAMINER'S MAILING ADDRESS	CITY	STATE ZIP CODE
EMPLOYER'S STREET ADDRESS (IF DIFFERENT FROM N	MAILING ADDRESS) CITY	STATE ZIP CODE
correct, and that I am the examine	er for the above named employ	California that the foregoing is true and rer(s), and have the appropriate class of and/or restrictions as required to operate
EXAMINER'S SIGNATURE		DATE
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Upon request, this document can be produced in Braille or large print. Phone services to DMV employees are available for the deaf or hearing impaired by calling (916) 657-5616 (TDD phone), or the California Relay Telephone Service at 1-800-735-2929 (TDD phone) and 1-800-735-2922 (voice phone).

DL 810 ETP (REV. 1/2005) WWW